FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076
Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information															
1. Name and Mailing Address of Respondent Page Plus Inc. DBA: Critical Comm 1401 N. Classen Blvd Oklahoma City, Ok 73118	espondent A: Critic vd 73118	al Comn	D D										Check hu is a char address.	Check here if this is a change of address.	
2. Year Report Filed 2018		3. Reporting Period (Ending Date of Pay Period Covered by Report) March 31, 2019	Reporting Period (Ending D Period Covered by Report) March 31, 2019	ng Date of Payort)			4. Number of Reporting a. Fev	 4. Number of Full-Time Employees during Selected Reporting Period (check one): a. ✓ Fewer than 16 (complete Sections I, IV, and V only) b. ■ 16 or more (complete all sections) 	ployees durir one): omplete Secti	ng Selected ons I, IV, and ons)	V only)				
SECTION II - Full-Time Employees.	s.														
						0	Numl Report emplo	Number of Employees (Report employees in only one category)	/ees ne category)						
•							77	Race/Ethnicity							
Job Categories	Hisp	anic or						Not-Hispanic or Latino	c or Latino						Total
	2	Latino			Male	le		(2			Female	ale			A-N
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
2	>	В	0	D	m	П	G	Ξ	-	ن	7	٦	Z	z	0
Executive/Senior Level 1.1 Officials and Managers															0
First/Mid-Level Officials and 1.2					21										0
Professionals 2															0
Technicians 3															0
Sales Workers 4	-					8									0
Administrative Support 5	Oi														0
Craft Workers 6	O,														0
Operatives 7															0
Laborers and Helpers 8															0
Service Workers 9															0
TOTAL 10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL 11															0

VOCATION	AND/OR RE	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PENISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	(47 U.S.C.	FORFEITURE	(1) AND/OR	J.S.C. 312 (A)	PERMIT (47 L	NADE ON THIS	TEMENTS M ISE OR CON	ATION LICEN	OF ANY ST,					Title of Person Signing President
		(405) 521-8688	Telephone No. (405) 52	7	Bear	lergen	Comuse Morg	de	Signature			on Signing Sear	Typed or Printed Name of Person Signing Thomas Morgan Bear	omas M	Type Th	Date 04/04/2019
									and correct.	port are true a	ents in this re	ef, all stateme	ition, and beli	edge, informa	n my knowle	SECTION V - Certification I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.
			sition.	ed against this status or dispo	have been file and current s	tunity statute r designation,	loyment oppor umber or othe	This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	rovisions of a atter has bee	ations of the pr	alleging viola encies before	g complaints , courts or ago	at the followin /ed, date filed	ommission that parties involv	ise the Co indicating	This is to advi (Attach a list i
			gainst this	e been filed a	ıl statutes hav	itorial, or loca	eral, state, teri oort.	This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.	oloyment prov tar year cove	the equal emp	violations of l า matters dur	nts regarding diction in such	at no complair impetent juriso	ommission that ody having co	ise the Co ore any bo	This is to advi
								1.311.	1.4, and 101	5, 90.168, 10	22.321, 23.5	nt to 47 CFR	aints Pursua	ation Compl	Discrimina	SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.
0															ÅL 11	PREVIOUS YEAR TOTAL
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	TOTAL
0															9	Service Workers
0															8	Laborers and Helpers
0															7	Operatives
0															6	Craft Workers
0							5								5	Administrative Support Workers
0															4	Sales Workers
0															ω	Technicians
0															2	Professionals
0															d 1.2	First/Mid-Level Officials and Managers
0															:	Executive/Senior Level Officials and Managers
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	Two or more races	American 1 Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Black or African American	White	Two or more races	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Black or African American	White	Female	Male		
Columns A - N			ale	Female					ale	Male			no	Latino		
Total						ic or Latino	Not-Hispanic or La						nic or	Hispanic or		Categories
							Race/Ethnicity									5
						yees one category)	Number of Employees (Report employees in only one category)	Num (Report emplo								,
														5.	mployees	SECTION III - Part-Time Employees.